



# **RETAIL BRIDGE FUND**

## GRANT APPLICATION GUIDE

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# INTRODUCTION

Thank you for your interest in the Retail Bridge Fund. This document will help you complete the application and answer common questions. The Retail Bridge Fund will support local brick-and-mortar retail establishments, including bookstores, clothing stores, salons, massage establishments, art galleries, fitness studios, and dry cleaners. The funds will support general operational expenses (rent, mortgage, payroll, insurance, and/or utilities), as well as operating expenses related to COVID-19.

The Retail Bridge Fund is a competitive grant program; grantees will be selected based on business viability, number of employees, and tenure. Additionally, 15% of the funds (\$2.25 million) will be set aside for businesses that are eligible to be both a Resident-Owned Business (ROB) and a Small Business Enterprise (SBE); and one of the following:

- at least 51% owned by economically disadvantaged individuals;
- at least 51% woman-owned; OR
- a certified Disadvantaged Business Enterprise as determined by the DC Department of Small and Local Business Development (DSLBD).

This opportunity is geared towards retail establishments with a physical retail storefront located in the District of Columbia. The Retail Bridge Fund application will open on Monday, December 14, 2020 at 11:00 am EST. The application will close on Friday, January 8, 2021 at 5:00 pm EST. **Applications not received by the deadline will not be considered.**

The Latino Economic Development Center (LEDC) will serve as Grant Administrator for the Retail Bridge Fund on behalf of the District's Office of the Deputy Mayor for Planning and Economic Development (DMPED).

LEDC nor DMPED nor any partnered technical assistance programs are responsible for any outages or malfunctions on the technology platform that could result in an applicant being unable to submit their application. Please refer to the last page of this document for technical assistance resources.

# BEFORE YOU BEGIN

Check our [Eligibility Chart](#) to ensure your business type falls under the Retail Bridge Fund. If you're not sure which program you are eligible for, please email [thebridgefund@dc.gov](mailto:thebridgefund@dc.gov).

## Eligibility Requirements

The Retail Bridge Fund will be open to businesses that meet the following criteria:

- A brick-and-mortar, for-profit retail location in the District of Columbia. Online only businesses are ineligible.
- Business must currently be open and operating, though it may be operating at a limited capacity.
- Must have been revenue generating prior to March 17, 2020.
- Maximum of \$6 million in annual revenue for 2019 and \$4.5 million in revenue as of September 30, 2020.
- Must be Local Business Enterprise (LBE) eligible (see more details below).
- Must demonstrate financial distress (25% decrease in revenue) during the COVID-19 pandemic.
- Must have a current Certificate of Clean Hands (dated within 90 days prior to application date).
- Sole proprietors with a physical storefront are eligible if the owner is a DC resident.
- Franchises are eligible but must be independently owned and operated.

## What is the definition of a Local Business Enterprise (LBE) eligible business?

LBE is a category of the Certified Business Enterprise certification, administered by the Department of Small and Local Business Development (DSLBD). The definition for an LBE is below:

- Principal office physically located in the District;
- Chief executive officer and highest-level managerial employees maintain their offices and perform their managerial functions in the District;
- Meets one of the four following standards:
  - More than 50% of the assets, excluding bank accounts, are in the District;
  - More than 50% of the employees are residents of the District;
  - The owners of more than 50% of the business enterprise are residents of the District; OR
  - More than 50% of the total sales or other revenues are derived from transactions in the District
- Is properly licensed under DC law; and
- Is subject to tax under DC law (Chapter 18 of Title 47)

## Required Documents

The following documents are required to complete the application.

Required Document	Instructions
Federal Employer Identification Number (EIN)	To find your EIN, look in a previously filed tax return or by following <a href="#">these tips from the IRS</a> . The names and addresses you use for this application should match your EIN registration. If your business was established in 2020, you will need to provide your EIN letter.
Proof of Valid Identification for owner	Proof of Valid Identification for all owners (a legible copy of a valid driver's license, state issued identification card, or US-issued passport). Copies of these should preferably be in color.
2018 Federal Tax Return	Only applicable if your business was operational in 2018. Must include full return with all schedules. Personal returns will be accepted for sole proprietors if business returns are not available (must include all schedules).
2019 Federal Tax Return	Only applicable if your business was operational in 2019. Must include full return with all schedules. Personal returns will be accepted for sole proprietors if business returns are not available (must include all schedules).
2019 Income Statement in Monthly Format	Only applicable if your business was operational in 2019. Statement must be provided in a monthly format & must list rent, payroll, and utilities separately. See below for additional resources.
2020 Income Statement in Monthly Format (to date)	Statement must be provided in a monthly format & must list rent, payroll, and utilities separately. Must cover financials through September 30, 2020. (If business opened in 2020, please include a statement that covers the time period the business has been in operation.) See below for additional resources.
Certificate of Clean Hands	Certificate of Clean Hands must be dated within 90 days prior to date of application. See below for additional resources & guidance.
Payroll Roster	Current Payroll Roster (dated as of September 30, 2020) listing all full-time employees, part-time employees, and 1099 independent contractors. Roster must include state of residency for each employee/contractor.

Active DC Basic Business License	<p>Business licenses are issued by the DC Department of Regulatory and Consumer Affairs (DCRA). To get more information about DC Business Licenses, visit DCRA's <a href="#">Business Services website</a> or <a href="#">contact DCRA through their online portal</a>. To obtain a copy of your business license, please visit DCRA's <a href="#">My DC Business Center</a>.</p> <p>The Business License should be in the Business's name. The address listed in the Business License should match the Certificate of Occupancy. If you have more than one location, make sure to provide the correct Business License. Your business license must be current and may not expire before March 1, 2021.</p> <p>An Occupational or Professional License may not be substituted for a Business License.</p>
Certificate of Occupancy	<p><a href="#">Certificates of Occupancy</a> are issued by DCRA and are required to occupy any structure other than a single-family dwelling. You should have received one before you were able to locate in your retail space. If you need assistance obtaining a copy of the issued Certificate of Occupancy, you may call DCRA Records Management at (202) 442-4480 to obtain a copy.</p> <p>Your Certificate of Occupancy must be current, and your Business License must have the same address.</p>

### Important Notes about Your Documents:

- Failure to provide any of the above documentation that is applicable to your business will result in the disqualification of your application.
- Do not include any substitute documents or placeholder documents; this will also result in the disqualification of your application.
- Please upload documents in Excel or PDF format. A clear JPEG of your identification may be used for ID verification only.
- There is a folder of "Example Documents" within the application portal for reference. If you have questions about whether your document is acceptable, contact LEDC through the application portal via the chat feature, or email [retailbridgefund@dc.gov](mailto:retailbridgefund@dc.gov).
- DMPED, LEDC, and/or program partners will not assist applicants with acquiring these documents. All applicants must apply on their own behalf. If you need additional support, please refer to the last page of this document for a list of resources you may contact.

### Clean Hands

A Certificate of Clean Hands certifies that your business does not owe a debt to the District of Columbia greater than \$100 for fees, fines, taxes, or penalties and that is had filed all required District tax returns. You must register through the [MyTax.DC.gov](#) portal to request a Certificate of Clean Hands. You cannot request one via e-mail or phone.

Tips for Obtaining Your Clean Hands:

- [Visit OTR's website](#) to learn how to navigate the process.
- View a step-by-step guide for [setting up an online MyTax.DC.gov account](#).
- View a step-by-step guide for [requesting a Clean Hands on MyTax.DC.gov](#).
- [Webinar presentation deck](#) or [Video Tutorial](#)
- See [Frequently Asked Questions](#) for other useful info.

If a Notice of Non-Compliance is generated:

It will list the name and telephone number of the agency with whom you have an outstanding obligation. After making a payment on your outstanding obligation (if applicable), you may experience a delay in being able to get your Clean Hands (processing may take five or more business days). After five business days from the day of making a payment, request a Certificate of Clean Hands through MyTax.DC.gov. If you still receive a Notice of Non-Compliance, email [CleanHands.Cert@dc.gov](mailto:CleanHands.Cert@dc.gov) to follow-up on the status.

Tips for Contacting OTR with Questions:

- For technical assistance with creating an account on MyTax.DC.gov, contact the E-Services unit at (202) 759-1946 or [e-services.otr@dc.gov](mailto:e-services.otr@dc.gov).
- If you have questions about your Notice of Non-Compliance, send an email to [CleanHands.Cert@dc.gov](mailto:CleanHands.Cert@dc.gov). Describe the issue you're having in as much detail as possible. You should receive a response within one business day.

## Income Statement

Income statements (also known as profit and loss statements) document your business' streams of revenue and various expenses. Income statements provided for the Retail Bridge Fund **MUST be broken out monthly** – annual income statements will not be accepted.

Please provide as much detail as possible on the categories making up your revenue and expenses. At a minimum, your income statement should clearly show each of the following categories by month:

- Total Revenue
- Total Expenses
- Rent/Mortgage Expenses
- Utilities Expenses
- Payroll Expenses (Salaries, Wages, & Payments to Independent Contractors. Employee benefits should be listed separately)

You may download the income statement from your accounting software (as long as it displays the above 5 categories) or use this [free template](#).

## Payroll Roster

You will be prompted to upload an employee payroll roster for the month of September 2020. Include names, status (part-time: PT, full-time: FT, contractor: C), monthly payment amount, and states of residence. You can obtain this information from your payroll processor, or you can create a spreadsheet like the image below. Monthly expense should include salaries, wages, and payments to independent contractors only. Do not include the cost of employee benefits. Be sure to remove any personally identifying information such as social security numbers and employee birthdates.



Payroll Roster for September 2020							
Employee Name	Hire Date	Employment Status	State of Residency	Pay Rate	Gross Income	Taxes	Net Income
Ebenezer Scrooge	06/14/2015	F/T	VA	25.25/hr	2020.00	626.20	1393.80
Mary Poppins	04/21/2019	F/T	DC	24.30/hr	1944.00	602.64	1341.36
Susanna Carmichael	02/03/2020	C	DC	22.00/hr	1226.50	0	1226.50
William Wonka	07/20/2020	P/T	MD	15.10/hr	604.00	120.80	483.20
Total					4568.00	1349.64	3218.36

## Important Dates

- Application Opens: Monday, December 14, 2020 at 11:00 AM EST
- Info Session #1: Wednesday, December 16, 2020 at 3:00 PM EST
- Info Session #2: Thursday, December 17, 2020 at 10:00 AM EST
- Application Closes: Friday, January 8, 2021 at 5:00 PM EST

If you are unable to attend one of the information sessions, a session recording will be posted to [coronavirus.dc.gov/bridgefund](https://coronavirus.dc.gov/bridgefund).

## Review of Information

Prior to the formal review process, each application will receive an initial screening to ensure the application is complete and meets the minimum requirements. An application will not be evaluated if:

1. The application is received after the closing date of Friday January 8, at 5:00 PM EST
2. The application is incomplete (e.g. missing required documentation)
3. The applicant's business does not meet the minimum eligibility requirements for the Retail Bridge Fund

All application entries will be verified for accuracy based on supporting documentation. It is important to ensure that all documentation is accurate and legible. Applications deemed ineligible or incomplete will not be advanced for final award recommendation. Selected grantees will be notified by LEDC about next steps, including executing the grant agreement, completing the payment form (or ACH form), and submitting a W-9 form. Use of electronic transfer of funds is preferred for payment of grant funds (grantees are expected to provide banking information to process the transfer of funds).

Selected grantees will also be required to submit reporting on the use of funds during the performance period. Failure to do so could jeopardize the business' ability to take advantage of future grant opportunities.

# APPLICATION GUIDE

This guide is designed to give applicants a walk-through of each question in the application and provide guidance on how to fill out the application.

*The text in italics throughout this guide reflects the actual question text appearing on the application portal.*

## About the Application Platform

To access the [application form](#), you'll need to register your email address and create an account. Once you've created an account, you'll be able to save your progress and resume the application at a later time. Please note that you'll only be allowed to submit **ONE application per email address**. If you are applying for multiple businesses, you'll need to create multiple accounts with different email addresses.

You will have the ability to contact LEDC directly in the application platform if you require technical assistance or have questions. You can also email LEDC at [BFretail@ledcmetro.org](mailto:BFretail@ledcmetro.org). Frequently Asked Questions and example documents will be available to reference inside the application portal (you will need to be logged in to your account to view these links).

## PART 1: Eligibility Information

*The applicant is required to meet initial eligibility criteria in order to continue to the application.*

*BEFORE YOU BEGIN: Check our Eligibility Chart to ensure your business type falls under the Bridge Fund grant you selected above.*

[Bridge Fund Eligibility Chart](#)

## Licensing, Location, and Revenue

Confirm you meet the basic eligibility requirements of the Retail Bridge Fund:

*Businesses must meet all of the following requirements to be eligible for the Retail Bridge Fund. Select all that apply to your business.*

- *Principal office physically located in the District*
- *Chief executive officer and highest-level managerial employees maintain their offices and perform their managerial functions in the District*
- *Is properly licensed under DC law*
- *Is subject to tax under DC law (Chapter 18 of Title 47)*
- *Under \$6 million in annual revenue for 2019*
- *Less than \$4.5 million in revenue as of September 30, 2020*

## Established Date

Enter the date you first registered your business with DCRA. Businesses must have been established prior to March 17, 2020 to be eligible.

*Established Date (When did you first register your business with DCRA?)*

### **Business Corporate Structure**

Indicate whether your business is a for-profit or non-profit entity. You must have a for-profit business to be eligible for this grant.

*Business Corporate Structure Type*

- ☐ *For-profit*
- ☐ *Nonprofit*

### **Local Business Enterprise**

Please indicate whether your business qualifies as a Local Business Enterprise based on ownership, sales, employment, or assets. You must meet one of these criteria to be eligible.

*Do one or more of the following statements apply to your business?*

*Check all that apply.*

- ☐ *50% or more of the owners are District residents*
- ☐ *50% or more of gross receipts for your business originate in the District*
- ☐ *50% or more of your employees are District Residents*
- ☐ *50% or more of assets, excluding bank accounts, are in the District*
- ☐ *None*

### **Business Operating Status**

Select the current operational status of your business based on the definitions below:

- ☐ Open, but in limited capacity = (1) physical location is closed to the public but selling products online for store pickup or delivery, or (2) physical location is open but with reduced hours
- ☐ Temporarily closed = physical location is closed to the public and not selling products online for store pickup or delivery.

If your business is temporarily or permanently closed, it is automatically deemed ineligible for this grant program.

*What is the current operational status of your business?*

- ☐ *Open*
- ☐ *Open, but in limited capacity*
- ☐ *Temporarily Closed*
- ☐ *Permanently Closed*

### **Businesses with a Tavern License**

If your business has a tavern license, it is ineligible for this grant, but may be eligible for the [Restaurant](#) or [Entertainment](#) portions of The Bridge Fund. Check the list of eligible businesses [here](#).

*Does your business have a tavern license?*

- ☐ *No*
- ☐ *Yes*

### **Type of Business (Ineligible)**

If your business is in any of the categories listed, it is not eligible for this grant.

Does your business fall into any of the following ineligible categories?

Select all that apply

- ☐ No
- ☐ A business type that falls under one of the other Bridge Funds (Restaurant, Entertainment, Hotel.) View our [Eligibility Chart](#) to confirm.
- ☐ E-commerce businesses
- ☐ Home-based businesses
- ☐ Seasonal businesses (only open for part of the year)
- ☐ Health care and social assistance (physicians, dentists, acupuncture and chiropractor offices, etc.)
- ☐ Child care providers
- ☐ Financial Institutions (banks, credit unions, check cashing establishments, pay day lenders, etc.)
- ☐ Professional Services (accountant, insurance, law office, etc.)
- ☐ Construction and Real Estate (general contracting, architecture, development, property management, realtors, etc.)
- ☐ Freelancers (massage therapists, hair stylists, cosmetologists, nail tech, fitness instructors, dance teachers, etc.) who do not own or lease a storefront retail location
- ☐ Makers who sell their products in shared retail spaces but do not own or lease a storefront retail location

### **Acknowledgement of Eligibility Requirements**

Select Yes to acknowledge that you understand the eligibility requirements of this grant program.

*I understand that if my business does not meet the eligibility requirements listed above, my application will be disqualified in the review process.*

- ☐ Yes

### **Documentation**

The required documentation (based on your established date) will appear. Please indicate that you have all required documents before proceeding. You will upload these documents later in the application. These documents should be in Excel or PDF format (a .jpg of business owner identification only is acceptable).

#### Required Documents: General

*I have the following required documentation available.*

- ☐ Business Owner Identification
- ☐ Current Valid DC Basic Business License
- ☐ Certificate of Clean Hands (obtained from OTR within 90 days of application)
- ☐ Certificate of Occupancy
- ☐ 2020 Income Statement in Monthly Format for (January 1 - September 30, 2020)
- ☐ Number of full- and part-time employees for each quarter of 2020 (Jan-Sept)
- ☐ Employee Roster including employee name, state of residency and full-time and part-time status as of September 30, 2020

#### Required Documents: 2018 (if applicable)

- ☐ 2018 Tax Return

#### Required Documents: 2019 (if applicable)

- ☐ 2019 Tax Return
- ☐ 2019 Income Statement in Monthly Format

Required Documents: Established in 2020 (if applicable)

- EIN Letter

*If using an EIN for Federal Tax ID. If using SSN, then upload a personal tax document including your SSN.*

*I understand that I must submit the required documentation with my application in the proper format. Applications missing documentation will be disqualified in the review process.*

- Yes

*Confirm Required Documents*

*Please confirm that you have all required documents above before proceeding.*

## **Eligibility Check & Part 2**

At this point, you need to save your application and check your eligibility before the application will allow you to proceed. Select "Show" to show Part 2 questions.

*Please click the blue "save" button to determine your eligibility.*

*If eligible, return to "edit" mode and select "show" to advance your application.*

*Throughout the application, if you would like to pause your progress in a Part before completing all required fields, you may "hide" the Part and click save to do so.*

*Otherwise, all required questions of a Part must be filled in order to save progress.*

*Check eligibility & show Part 2 of 7: Contact Information*

- Hide
- Show

Based on your answers to the previous questions, the eligibility check will turn up at least one of the following responses:

### **1. Eligible**

- *Your business passes the initial eligibility check.*
- *It is important to note that not all eligible businesses and businesses that apply will receive funding.*
- *Please complete your application to secure up to \$25,000 in financial support.*

### **2. Ineligible**

- *Regretfully your business is ineligible for the Retail Bridge Fund.*
- *We encourage you to review all other funding options available at <https://coronavirus.dc.gov/page/recovery-businesses>.*

### **3. Alternative Grant Opportunity**

- *Unfortunately, businesses that possess tavern licenses are not eligible for the Retail Bridge Fund.*
- *You may, however, be eligible for the Restaurant Bridge Fund or Entertainment Bridge Fund.*

## PART 2: Contact Information

### Representative Contact Information

Please indicate whether you own the business that is applying for this grant, or whether you are someone authorized to apply on their behalf. If you are not the business owner, please provide your contact details and describe your relationship to the owner (e.g. Store Manager, accountant, etc.). This contact information will be used should we have any questions on the application and to notify grantees of awards.

*Are you the business owner?*

- ☐ Yes
- ☐ No, but authorized to apply on their behalf

If you select “No, but authorized to apply on their behalf,” the following questions will appear:

*Your First Name*

*Your Last Name*

*Your Email Address*

*Your Phone Number*

*What is your relationship to the business owner?*

### Owner Information

Please provide the contact information for one owner who will execute the grant agreement if the business is selected for an award.

*If there is more than one owner, only enter information for one. That person will be responsible for communicating and executing documents related to this grant.*

*Owner First Name*

*Owner Last Name*

*Owner Email Address*

*Owner Phone Number*

*Does this business have more than one owner?*

- ☐ Yes
- ☐ No

If yes, an additional question will appear: *How many owners does this business have?*

### Owner Identification

Please upload a copy of valid identification for **each** owner in .pdf or .jpeg format.

*Owner Identification*

*Upload Valid Owner Identification showing state of residency (e.g. License, passport, state-issued identification). If there is more than one owner, upload identification for all of them.*

### Mailing Address

Enter the mailing address for the business:

*Mailing Address*

*Mailing Address 2 (Apt, Unit, etc.)*

Mailing City  
Mailing State  
Mailing Zip Code

### Show Part 3

You must save your progress before moving on to Part 3 of the application. Select "Show" to show Part 3 questions.

*Please save now before selecting to "show" Part 3 to ensure progress is not lost.  
A successful save is indicated by the blue "edit" button replacing the "save" button.  
Part 3 of 7 - Business Information*

- ☐ Hide
- ☐ Show

## PART 3: Business Information

### Business Name

Enter the legal name of your business. Please include the full business name including suffix. Example: [Business Name] Inc; [Business Name] LLC. Then enter the name your business is known as to the public or any DBA name (Doing Business As).

*Business Legal Name  
Business Trade Name or DBA (If the same as your legal name, enter your legal name again)*

### Business License

Enter your active business license number. The business license number can be found on your business license in the top right corner. The business license must be issued by the District of Columbia and must not expire before March 1, 2021. *If you are unable to obtain, or do not have, a valid business license, your business is ineligible to apply for this grant.* Then upload a .pdf copy of your DCRA-issued business license. To obtain a copy of your business license, please visit [DCRA's My Business Center](#).

*Business License Number*

*Upload a DCRA Business License  
Copy of current DCRA-issued Business License (e.g. Basic Business License). Business License must be current and must not expire prior to March 1, 2021*

[Example Basic Business License](#)

### Business Address

If your business address is different from the mailing address above, please include that here. This address should match the address on your business license.

*Is your business street address different from your mailing address above?*

- ☐ No
- ☐ Yes

If you select Yes, the following fields will appear:

*Business Street Address*

*Business City*  
*Business State*  
*Business Zip Code*

### **Federal Tax ID Type**

Please enter your 9-digit Federal Tax ID number (Employer Identification Number, or EIN) number in the field on the application. If you don't have an EIN, indicate that you are entering a SSN. A new field will pop up for you to enter your SSN.

If your business was established in 2020 and thus you do not have a 2018 or 2019 tax return, you will be prompted to upload an EIN letter for verification.

*Does your business use an Employer Identification Number (EIN) or Social Security Number (SSN)?*

- ☐ *EIN*
- ☐ *SSN*

You'll be prompted to enter the number selected above.

*Employer Identification Number (EIN)*  
*Social Security Number (SSN)*

If you were established in 2020, it will prompt you to upload an EIN letter or a 2019 personal return showing the SSN associated with the business.

*EIN Letter Upload*

[Example EIN Letter](#)

*2019 Personal Taxes*  
*Federal tax document which includes the SSN used for the business*

### **Other Business Info**

Answer a few additional questions related to your business. To look up your ward information please visit DC Office of Planning's [What's My Ward Tool](#).

*Which ward is your business located in?*  
*If you are not sure which ward your business is located, please visit:*  
<https://planning.dc.gov/whatsmyward>

*Business Website*

*Brief description of business*  
*In one sentence, what does your business do? Examples: My business is a barbershop. My store sells art supplies.*

### **Business Category**

Use the drop-down menu to select the category of your business. If "Other", please describe your business in ten (10) words or less.

*Which of these categories best describe your business?*  
*Art Gallery* *Art Supply Store*



Bookstore  
Cards, Gifts, Party Store  
Clothing/Specialty Apparel Store  
Consignment Shop  
Convenience Store  
Corner Stores  
Dry Cleaner  
Electronics Store  
Flooring Center  
Florist  
Furniture Store  
Grocery Store  
Gyms / Yoga, Dance, or Fitness Studios  
Hair Salon / Barbershop  
Hardware Store  
Home Goods  
Jeweler

Laundromat  
Manufacturer with On-Site Retail  
Massage Therapy  
Nail Salon  
Pet Supply Store  
Pharmacy  
Printing & Signage Shop  
Specialty Foods Store  
Specialty Products (e.g. beads, incense, candles)  
Specialty Retail Store  
Tuxedo/Dress Rental Shop  
Waxing Center  
Wine Shop  
Winery, Brewery, Distillery (with manufacturer license)

### **Certified Business Enterprise**

*Is your business a Certified Business Entity (CBE) registered with the DC Department of Small and Local Business Development (DSLBD)?*

*If you are unsure, visit the CBE Search Portal to confirm:*

<https://dslbd.secure.force.com/public/>

- ☐ Yes
- ☐ No

If you select yes, the following fields will appear.

*Is this business a certified Disadvantaged Business Enterprise (DBE)?*

*Has your business been certified by DSLBD as a CBE with an additional DBE designation? If you are unsure, visit the CBE Search Portal to confirm: <https://dslbd.secure.force.com/public/>*

- ☐ Yes
- ☐ No

[View more information](#) about the DBE designation.

*Please enter your CBE Certification Number*

*You can find your Certification Number by visiting the CBE Search Portal. Search for your business, open the record by clicking on your business name, and the Certification Number will be located in the "Certification Information" section:*

<https://dslbd.secure.force.com/public/>

- ☐ Yes
- ☐ No

### **Small Business Enterprise**

*Is your business considered small by the federal government?*

*The federal government would consider your business small if your revenue or gross receipts over the last three years are less than the industry standards outlined by the U.S. Small Business Administration. If you're not sure, [find your NAICS code](#) and [try this interactive tool](#) to check whether your business qualifies as small.*

- ☐ Yes

- No

### **Own or Lease**

Indicate whether you own or lease the space where your business is located. If you lease, please select the end date of your current lease.

*Do you own or lease your space?*

- Own
- Lease

*When does your current lease end?*

### **Certificate of Occupancy**

Upload a .pdf copy of your Certificate of Occupancy. *If your business does not have a Certificate of Occupancy, your business is ineligible for this grant.*

*Upload Certificate of Occupancy*

[\*Example Certificate of Occupancy\*](#)

### **Certificate of Clean Hands**

Indicate whether your business has a current Certificate of Clean hands and upload a .pdf copy. View instructions on how to request your updated certificate online [here](#). *No substitutions are acceptable for Clean Hands Certificate. All documentation will be verified.*

*Does your business have a Certificate of Clean Hands dated within 90 days prior to the date of this application submission?*

*View instructions on how to request your updated certificate online:*

<https://otr.cfo.dc.gov/page/certificate-clean-hands>

- Yes
- No

*Upload Certificate of Clean Hands*

*Dated within 90 days prior to the date of application submission*

[\*Example Certificate of Clean Hands\*](#)

### **Show Part 4**

You must save your progress before moving on to Part 4 of the application. Select "Show" to show Part 4 questions.

*Please save now before selecting to "show" Part 4 to ensure progress is not lost.*

*A successful save is indicated by the blue "edit" button replacing the "save" button.*

*Part 4 of 7 - Financials & Employment*

- Hide
- Show

## PART 4: Financial & Employment

### Annual Revenue for 2018 & 2019

If applicable, enter your business' annual revenue for 2018 and for 2019. Upload the 2018 and 2019 federal tax returns when prompted, including all schedules. These questions will not appear if you were not in operation in 2018 and/or 2019.

*2018 Financials*

*What was your 2018 Annual Revenue?*

*Upload your 2018 Tax Return*

*2019 Financials*

*What was your 2019 Annual Revenue?*

*Upload your 2019 Tax Return*

### Monthly Revenue 2019

Enter the revenue amounts for each month of 2019. Enter 0 if you were not in operation for any of the months in 2020. Upload your 2019 Monthly Income Statement. Rent/mortgage, utilities, and payroll expenses should be clearly visible. Payroll expenses should include salaries, wages, and contractor payments only. The cost of employee benefits should be listed separately.

*2019 Monthly Revenue Breakdown*

*Please enter 0 if you were not in operation for any of the months in 2019.*

*January 2019*

*July 2019*

*February 2019*

*August 2019*

*March 2019*

*September 2019*

*April 2019*

*October 2019*

*May 2019*

*November 2019*

*June 2019*

*December 2019*

*2019 Monthly Income Statement showing revenue less expenses*

*Income statements without a monthly breakdown will not be accepted. Payroll expenses should include salaries, wages, and contractor payments only - do not include benefits.*

[Example & Template Income Statement](#)

### Monthly Revenue 2020

Enter the revenue for January - September of 2020. Enter 0 if you were not in operation for any of the months in 2020. Upload 2020 Monthly Income Statement for January - September 2020. Rent/mortgage, utilities, and payroll expenses should be clearly visible. Payroll expenses should include salaries, wages, and contractor payments only. The cost of employee benefits should be listed separately.

*2020 Financials*

*What is your annual revenue through September 30, 2020?*

*2020 Monthly Revenue Breakdown*

*Please enter 0 if you were not in operation for any of the months in 2019.*

*January 2020*

*March 2020*

*February 2020*

*April 2020*

May 2020  
June 2020  
July 2020

August 2020  
September 2020

*2020 to-date Monthly Income Statement showing revenue less expenses, with core expenses broken out and clearly labeled (rent/mortgage, utilities, payroll).*

*Income statements without a monthly breakdown will not be accepted. Payroll expenses should include salaries, wages, and contractor payments only - do not include benefits.*

#### [Example & Template Income Statement](#)

### **September 2020 Core Expenses**

Enter September 2020 expenses for rent/mortgage, utilities, and payroll. Payroll expenses should include salaries, wages, and independent contractor payments only - do not include the cost of employee benefits.

Rent  
Utilities  
Payroll

### **2020 Quarterly Employment Information**

Enter the maximum number of full-time employees, part-time employees and independent contractors who worked for your business at any one time in the first, second, and third quarters of 2020.

*Number of employees (full- and part-time) and independent contractors by quarter. Since your employment numbers may have fluctuated throughout this time period, list the maximum number of employees working at any one time during that quarter.*

Employees Q1 2020  
Employees Q2 2020  
Employees Q3 2020

### **September 2020 Employment Information**

Enter the number of full-time and part-time employees and independent contractors you had as of September 30, 2020. Do not include any employees that may be furloughed as of September 2020.

*As of September 30, 2020, how many employees (full- and part-time) and independent contractors did you have?*

*As of September 30, 2020, how many of those employees (full- and part-time) and independent contractors were District residents?*

### **Upload Employee Payroll Roster for The Month Of September 2020**

*Payroll roster of employees dated for September 2020.*

*Include names, status (part-time: P/T, full-time: F/T, contractor: C), monthly payment amount, and states of residence. You can obtain this information from your payroll processor, or you can create a spreadsheet similar to the attached image below. Monthly expense should include salaries, wages, and payments to independent contractors only. Do not include the*

cost of employee benefits. Do not include employees who were furloughed as of September 2020. Please be sure that the payroll roster does not include any personal identifying information, such as SSN or employee birthdates.

### Example Payroll

See the image below for guidance.

Payroll Roster for September 2020							
Employee Name	Hire Date	Employment Status	State of Residency	Pay Rate	Gross Income	Taxes	Net Income
Ebenezer Scrooge	06/14/2015	F/T	VA	25.25/hr	2020.00	626.20	1393.80
Mary Poppins	04/21/2019	F/T	DC	24.30/hr	1944.00	602.64	1341.36
Susanna Carmichael	02/03/2020	C	DC	22.00/hr	1226.50	0	1226.50
William Wonka	07/20/2020	P/T	MD	15.10/hr	604.00	120.80	483.20
Total					4568.00	1349.64	3218.36

### Show Part 5

You must save your progress before moving on to Part 5 of the application. Select "Show" to show Part 5 questions.

*Please save now before selecting to "show" Part 5 to ensure progress is not lost.  
A successful save is indicated by the blue "edit" button replacing the "save" button.*

*Part 5 of 7 - Operations & Recovery*

- Hide
- Show

## PART 5: Operations & Recovery

### Concerns About Closing Your Business

Indicate whether you are concerned you may be forced to close your business in 2021. If this is a concern, please indicate how many more months you believe your business can operate in the current climate.

*Are you concerned that your business may be forced to close permanently within the next few months?*

- Yes
- No

If you select Yes, the following question will appear:

*How many more months do you think you will be able to continue operating in this climate?*

- 1 - 3 months
- 3 - 6 months
- 6 - 9 months

## Business Assistance

Select the type of assistance that would be helpful to sustaining your business in the current climate.

*What assistance would be helpful to your business right now? Select all that apply.*

- ☐ Business preparedness planning/training
- ☐ Information about financing options
- ☐ Information about legal assistance
- ☐ Understanding local rules and regulations for businesses
- ☐ Other/comment
- ☐ Prefer not to answer

## Other COVID Financial Assistance

If your business received other COVID-19 related financial assistance, please indicate the programs that provided funding.

*Select other COVID-19 related financial assistance your business has received. Select all that apply.*

*Your answer will not impact eligibility for this fund, though it may impact your final award amount.*

- ☐ SBA PPP
- ☐ Great Streets
- ☐ DC Small Business Microgrant
- ☐ Small Business Resiliency Fund Amount
- ☐ DC East of the River Small Business Economic Relief
- ☐ Other
- ☐ N/A (Not applicable)

Enter the corresponding amount of funding in the fields that appear based on your previous selections.

*SBA PPP Amount*

*Great Streets Amount*

*Small Business Microgrant Amount*

*Small Business Resiliency Fund Amount*

*DC East of the River Small Business Economic Relief*

*What "Other" COVID-19 related financial assistance has your business received? Please list specific program.*

*How much other assistance did you receive?*

## Show Part 6

You must save your progress before moving on to Part 6 of the application. Select "Show" to show Part 6 questions.

*Please save now before selecting to "show" Part 5 to ensure progress is not lost.*

*A successful save is indicated by the blue "edit" button replacing the "save" button.*

*Part 6 of 7 - Demographic Information*

- ☐ Hide
- ☐ Show

## PART 6: Demographic Information

### Majority Resident Ownership

Indicate whether 51% of the business owners are District residents.

*Is this business at least 51% owned by DC residents?*

*If there are multiple owners, are more than half of them DC residents?*

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

### Economically Disadvantaged Individuals

Indicate whether 51% of the business owners are economically disadvantaged individuals.

*Is this business at least 51% owned by economically disadvantaged individuals?*

*"Economically disadvantaged individual" is defined in DC Code § 2-218.02(7) as an individual whose ability to compete in the free enterprise system is impaired because of diminished opportunities to obtain capital and credit as compared to others in the same line of business where such impairment is related to the individual's status as socially disadvantaged. An individual is socially disadvantaged if the individual has reason to believe that the individual has been subjected to prejudice or bias because of his or her identity as a member of a group without regard to his or her qualities as an individual.*

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

### Women Ownership

Indicate whether 51% of the business owners identify as women or non-gender binary.

*Is this business at least 51% women-owned?*

*If there are multiple owners, are more than half of them women or non-binary?*

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

### Gender

Indicate the gender(s) with which the owner(s) identify.

*What gender does/do the business owner(s) identify with?*

*Select all that apply.*

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Prefer not to say

### Veteran Ownership

Indicate whether any of the business owners are veterans of the United States Armed Services (Army, Marine Corps, Navy, Air Force, Space Force and Coast Guard).

*Are any of the business owner(s) veterans?*

- Yes
- No
- *Prefer not to say*

### **Disabled Ownership**

Indicate whether any of the business owners have a physical or mental impairment that substantially limits one or more major life activity.

*Do any of the business owner(s) have a disability?*

- Yes
- No
- *Prefer not to say*

### **Race & Ethnicity**

Indicate whether the business is minority-owned, and which race(s) the owner(s) identify with. In the following field, indicate whether any of the owners identify as Hispanic or Latino.

*Is this business at least 51% minority-owned?*

*If there are multiple owners, are more than half of them racial or ethnic minorities?*

- Yes
- No
- *Prefer not to say*

*What race(s) does the business owner(s) identify with?*

*Select all that apply.*

- *Alaska Native and American Indian*
- *Asian*
- *Black or African American*
- *Native Hawaiian and Pacific Islander*
- *White*
- *Prefer not to say*

*What ethnicity does the business owner(s) identify with?*

*Select all that apply.*

- *Hispanic/Latino*
- *Non-Hispanic/non-Latino*
- *Prefer not to say*

### **Show Part 7**

You must save your progress before moving on to Part 7 of the application. Select "Show" to show Part 7 questions.

*Please save now before selecting to "show" Part 7 to ensure progress is not lost.*

*A successful save is indicated by the blue "edit" button replacing the "save" button.*

*Part 7 of 7 - Certifications*

- *Hide*
- *Show*



## PART 7: Certifications

In this section, you will certify that you have reviewed all Bridge Fund materials and have submitted an accurate application meeting all the Fund's requirements.

*I certify that I have read the District of Columbia Retail Bridge Fund Program application materials fully. I understand that this is a competitive award and that not all businesses will be funded through this program. I further certify that I believe my business to be eligible for this program.*

- ☐ Yes

*I certify that the information submitted in this application is true and correct to the best of my knowledge. I further understand that any false statements and/or incomplete information may result in denial or revocation of the grant award.*

- ☐ Yes

*I understand that I will need to submit proof of insurance if I am selected to receive this grant.*

- ☐ Yes

*Retail Bridge Fund Terms & Conditions*

*By submitting this application, you are agreeing to the terms & conditions.*

[Read Terms & Conditions](#)

### **Submit**

When you are ready to submit your completed application:

*Select "Submit Application" below and click save to finalize your submission.*

*You will receive a confirmation to your email that the application is received.*

# NEXT STEPS

Applications will be reviewed for accuracy and completeness prior to entering the verification and qualification review. No modifications may be made to applications after submission. Should we need to contact you about your application, a member of the LEDC team will contact you directly.

If selected, potential grantees will be notified of their award via email from LEDC beginning in late January. Notifications may continue through February.

This is a competitive grant process. Applying for the Retail Bridge Fund does not commit DMPED to make a grant award. DMPED reserves the right to accept or deny any or all applications if it is determined to be in the best interest of DMPED to do so. Applicants will be notified if their application is rejected. DMPED may suspend or terminate the application process or issue addenda and/or amendments after the application is open. DMPED reserves the right to request additional information from any applicant.

# RESOURCES & CONTACT INFORMATION

For additional assistance, please see below for the following options:

**For language assistance, please contact the following offices for assistance with translation:**

- Mayor's Office on Latino Affairs: (202) 671-2825
- Mayor's Office on Asian and Pacific Islander Affairs: (202) 727-3120
- Mayor's Office on African Affairs: (202) 727-5634

**For assistance with visual or hearing impairment:**

Please contact [retailbridgefund@dc.gov](mailto:retailbridgefund@dc.gov)

**For any technical issues with the application platform:**

If you are having troubles with technology and need assistance with accessing the grant information and materials, uploading your required documents, or any other technical issues, please contact [BFretail@ledcmetro.org](mailto:BFretail@ledcmetro.org).

**For assistance with filling out the application and/or questions about required documentation, please see contact the resources below:**

- [DC Main Streets Program](#)
- [Business Improvement Districts](#)
- [Community-Based Organizations \(CBOs\)](#)

**For all other inquiries related to the Retail Bridge Fund:**

Please contact [retailbridgefund@dc.gov](mailto:retailbridgefund@dc.gov)